



**Tipp City,
Ohio**
"Our Image Is Growing"

Council-Manager
Government

**TEMPORARY SIGN PERMIT
APPLICATION**

DATE: _____ PERMIT #: _____
FEE : \$10.00 _____

APPLICANT/BUSINESS NAME: _____
CONTACT PERSON: _____

PROJECT ADDRESS: _____

PHONE: () _____ ZONING DISTRICT: _____
FAX : () _____

*****SIGN SPECIFICATIONS**

SIZE: _____ x _____ HEIGHT: _____ MATERIAL: _____

SINGLE FACE _____ DOUBLE FACE _____ ILLUMINATED: YES OR NO

FREESTANDING: _____ WALL: _____

***SIGN LOCATION: _____

DISPLAY DATE(S): FROM: _____ TO: _____

(A Temporary Sign may be displayed for 30 consecutive days in a calendar year.
Temporary Signs cannot exceed 60 total days in a calendar year.)

*****Note:** All requests for temporary sign permits must be accompanied by a drawing of the sign, and a site plan to scale indicating the location of the proposed sign, noting distance from all right-of-ways and other significant features.
SEE SAMPLE SITE PLAN-ATTACHED

Date approved _____

Zoning Administrator

On a Lot



On Building

